



BURGERVILLE INTAKE & APPLICATION



| APPLICANT INFORMATION | | | |
|--|---|----------------|---------------------------------------|
| Name | | Date App Rec'd | |
| Campus/Entity | Position | SSN | |
| Years Worked for Providence | HHF Prior Use? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, when?</i> _____ | | |
| Steps Already Taken <input type="checkbox"/> Payment Plan <input type="checkbox"/> Short-term loan <input type="checkbox"/> Retirement Funds <input type="checkbox"/> Medical Charity Care <input type="checkbox"/> Borrow from friends <input type="checkbox"/> Community / Religious <input type="checkbox"/> Credit Counseling <input type="checkbox"/> Other _____ | | | |
| Emergency Need | | | <input type="checkbox"/> See Attached |

| FINANCIAL ASSISTANCE | |
|---|----------|
| FOOD TOTAL | \$ _____ |
| HOUSING TOTAL | \$ _____ |
| <input type="checkbox"/> Rent | \$ _____ |
| <input type="checkbox"/> Mortgage | \$ _____ |
| UTILITIES TOTAL | \$ _____ |
| <input type="checkbox"/> Electricity | \$ _____ |
| <input type="checkbox"/> Heating | \$ _____ |
| <input type="checkbox"/> Water/Sewer | \$ _____ |
| <input type="checkbox"/> Garbage | \$ _____ |
| <input type="checkbox"/> Phone | \$ _____ |
| <input type="checkbox"/> Internet/Media | \$ _____ |
| MEDICAL TOTAL | \$ _____ |
| <input type="checkbox"/> Medical Bills | \$ _____ |
| <input type="checkbox"/> Prescriptions | \$ _____ |
| <input type="checkbox"/> Dental | \$ _____ |
| TRANSPORT. TOTAL | \$ _____ |
| <input type="checkbox"/> Car Repair | \$ _____ |
| <input type="checkbox"/> Car Payment | \$ _____ |
| <input type="checkbox"/> Insurance | \$ _____ |
| <input type="checkbox"/> Gas/Fuel Cards | \$ _____ |
| OTHER: | \$ _____ |
| GRAND TOTAL | \$ _____ |

| DETERMINATION | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> ELIGIBLE | Emergency: _____ | |
| <input type="checkbox"/> INELIGIBLE | Reason: _____ | |
| Status & Contact Log | FW Class | Assistance Timeline |
| | <input type="checkbox"/> Offered | <input type="checkbox"/> Immediately |
| | <input type="checkbox"/> Required | <input type="checkbox"/> After FW Class |
| | <input type="checkbox"/> Waived | <input type="checkbox"/> Only _____ Now |

| FINANCIAL WELLNESS CLASS | | |
|---|-----------------------------|---|
| <input type="checkbox"/> SEMINAR | Class Date: _____ | Class Completed? <input type="checkbox"/> |
| <input type="checkbox"/> ONLINE | Date Login Info Sent: _____ | |

| | |
|---|--|
| For electronic tracking a dot (•) signifies initial entry in the system. A checkmark (✓) signifies completion of post service data entry. | <input type="checkbox"/> Employment Verified |
| | <input type="checkbox"/> Entered in Salesforce |
| | <input type="checkbox"/> Follow up Email Sent |

| REFERRALS PROVIDED | |
|--|---|
| <input type="checkbox"/> CC Counseling | <input type="checkbox"/> Medical/Dental/Rx |
| <input type="checkbox"/> CC Financial Svcs | <input type="checkbox"/> Diagnosis-Specific |
| <input type="checkbox"/> CC Homeless Svcs | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> CC Pregnancy | <input type="checkbox"/> Foreclosure |
| <input type="checkbox"/> CC Spanish Svcs | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> CC Taxes | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Food | <input type="checkbox"/> Rent Well |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Holiday |
| <input type="checkbox"/> Furniture/Items | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Local Resources | |
| <input type="checkbox"/> DV Resources | |
| <input type="checkbox"/> Financial Svcs | |
| <input type="checkbox"/> Legal | |